

0006-WS
02-8604-22/NYR2

✓

WPF 1/31/86
Page 1 of 13

Work Plan No. 02-8604-22-W1

Revision 0

NUS CORPORATION
WORK PLAN
FOR THE

Preliminary Assessment

Midland Processing

Located in

Pomona, N.Y. Rockland County

Prepared by

Region II

Raritan Plaza III
Fieldcrest Avenue
Edison, New Jersey 08837

Preparer:

Jeff Josephson

Date:

05/02/86

Review and Approval:

Robert L. Seltzer
QA Representative

Date:

05/06/86

Review and Approval:

B. Taylor
Regional Project Manager

Date:

5/6/86

424434



PROJECT SUMMARY

TDD No.: 02-8604-22 US EPA Site No.: NYD 044837086

Site/Project Name: Midland Processing

Location: Pomona, N.Y. Rockland County

NUS/FIT Project Manager: Ron Naman

EPA Site Manager/Contact: Diana Messina

State Site Manager/Contact: Charles Goddard

Date TDD Opened: 05/01/86 Date of Completion: 05/31/86

Estimated Technical Hours: 55 Estimated Subcontract Cost: N/A

Account No. 0400.01, TDD Priority (✓): High, X Medium, Low

Summary of Assignment (Attach copy of TDD as Attachment A):

See attached TDD

This work plan encompasses TDD specific elements
2 and 3

Attach And Reference Additional Sheets If Necessary

PROJECT SUMMARY (cont'd)

Deliverable/Final Product to EPA (e.g. reports, etc):

Four page Preliminary Assessment (PA) Report

(Includes EPA Form 2070-12 and supporting documentation)

Deliverable/Final Product Review Process:

This only applies to the final TDD deliverable to EPA

Review Scope (✓):

 X Review for conformance to project control documents.
(ie. the TDD and this workplan).

 X Review for technical and editorial content.

Required Review and Approvals (✓):

 X Technical Supervisor

 X Review Committee, If applicable list names or disciplines.

A qualified reviewer not involved with deliverable preparation
will be selected.

 X QA Representative

 X Regional Project Manager or designee (ie. ARPM)

Site History/Description:

Prepare brief description of the site (landfill, drum storage, etc.), conclusions from past data assessments, and indicate the current or past operators.

Unknown

PROJECT OVERVIEW

Technical Approach (Reference sampling plan, if attached):

All P.A. activities will be conducted in accordance with NUS Operating

Guidelines Manual section 4.15 "Preliminary Assessments", Draft 2, 7-16-84

Attach and Reference Additional Sheets If Necessary

Personnel Assignments:

List personnel assignment(s) for each TDD task or specific element.

<u>TDD Specific Element</u>	<u>Required Discipline(s)</u>	<u>Number of Persons Required</u>	<u>Responsibilities/Duties</u>
<u>1</u>	<u>Any</u>	<u>1</u>	<u>Project Manager (PM) - Responsible for locating</u> <u>and assembling all relevant background information.</u>
<u>1</u>	<u>Any</u>	<u>1</u>	<u>Assistant to PM in obtaining and assembling</u> <u>relevant background information.</u>
<u>2</u>	<u>Any</u>	<u>1</u>	<u>PM - Responsible for review and evaluation of</u> <u>relevant background information necessary to</u> <u>develope PA Report. Additionally will plan and</u> <u>conduct off-site reconnaissance if necessary.</u>
<u>2</u>	<u>Any</u>	<u>1</u>	<u>Assistant to PM - Responsible for documentation</u> <u>during off-site reconnaissance.</u>

Personnel Assignments (Cont'd)

[illegible]

PROJECT OVERVIEW (cont'd)

Schedule of Activities:

Check off as appropriate.

☒ See copy of TDD provided as attachment A.

☐ See attachment A-1

Referenced Background Data:

List background reference material (Usually provided by US EPA).

Identified on U.S. EPA ~~REF~~ CERCLA LIST

Attach And Reference Additional Sheets If Necessary

Safety and Health Considerations:

Refer to the attachment B, the site safety plan which has been approved by the Regional Safety Officer and RPM.

Ref#: 02-8604-22 -S1

Date: SL 5/5/86
(Safety Officer Approval Date)

PROJECT OVERVIEW (cont'd)

ESTIMATED COST ASSOCIATED WITH ANALYTICAL SUPPORT

N/A

[illegible]

Reference and attach additional pages if necessary.

*If required, include Special Analytical Services (SAS) cost estimates.

PROJECT OVERVIEW (cont'd)

Required Resource List (For equipment, list major items only):

Reference to attached list is acceptable

[illegible]

* If measuring or test equipment is needed, indicate whether its required use is for health and safety screening or for evidentiary data collection.

Interface/Planning Requirements (Reference attachments if necessary):

Interface with EPA: FIT RPO, Diana Messina (201) 321-6776

Interface with State/Local Agencies: Background File Searches to be conducted at State
Offices.

Site Access Arrangements (site contact, etc.):

N/A

Community Relations Planning Requirements (Briefly described EPA approved protocol for
interface with media contacts): Any media or public inquiries concerning P.A. activities
associated with this site will be referred to EPA.

Training Requirements: N/A

RECORDS AND DOCUMENTATION

Check off records and documents that will support the validity and evidentiary value technical work conducted and environmental data collected.

<input checked="" type="checkbox"/> TDD/AOC	<input checked="" type="checkbox"/> Correspondence (Telecon notes, memos, letters, etc.)
<input checked="" type="checkbox"/> Work Plan	
<input checked="" type="checkbox"/> Safety Plan	<input checked="" type="checkbox"/> Deliverables to EPA (List below)
<input checked="" type="checkbox"/> Work Plan/Safety Plan	
Distribution Documentation	<u>4 Page P.A. Report</u>
<input type="checkbox"/> Calibration and maintenance records for measuring and test equipment (for HNu, OVA etc.)	
<input checked="" type="checkbox"/> Written Documentation of Field activities (ie Log books notes, calculations etc.)	<input checked="" type="checkbox"/> Records of Review and approvals for project control documents and deliverables
<input checked="" type="checkbox"/> Photographic Documentation of Field activities	<input checked="" type="checkbox"/> Q.A. records log
<input type="checkbox"/> Soil Stratigraphic Records (drilling logs etc.)	

Procurement Documents (Specify below requests for bids and proposals, subcontract consultant agreements, etc.):

N/A

Other documents and records (Specify below):

N/A

REFERENCED TECHNICAL GUIDANCE FOR PROJECT ACTIVITIES

Reference the appropriate technical guidance which will apply to technical project activities performed during the course of this project. The primary reference is the NUS Superfund Division Operating Guidelines Manual (OGM). When applicable, other EPA accepted standard operating guidelines (SOG) and procedures (SOP) may be referenced.

Technical guidance must be specifically referenced. If portions of the OGM are referenced, indicate the OGM section and, if applicable, the subsection. Reference of EPA SOG's and SOP's must indicate the publication title, number and date.

If a technical project activity is not applicable indicate "NA". If a technical project activity is not provided, list it under "other" (see page 10 of 11) and reference applicable technical guidance.

<u>Reference</u>	<u>Technical Project Activity</u>
<u>N/A</u>	Ambient Air Sampling (OVA, HNU, etc.)
<u>N/A</u>	Ground-Water Sampling
<u>N/A</u>	Surface-Water Sampling
<u>N/A</u>	Soil/Sediment Sampling
<u>N/A</u>	Tap Water Sampling
<u>N/A</u>	Land Surveying
<u>N/A</u>	Electrical Resistivity Survey
<u>N/A</u>	Electromagnetic Survey
<u>N/A</u>	Magnetometer Survey
<u>N/A</u>	Metal Detection Survey
<u>N/A</u>	Ground Penetrating Radar Survey
<u>N/A</u>	Seismic Survey
<u>N/A</u>	Water Level Measurements
<u>N/A</u>	Perimeter Survey
<u>N/A</u>	Site Inspection
<u>N/A</u>	Soil Borings/Well Installation
<u>N/A</u>	Bedrock Fracture Analysis
<u>N/A</u>	Pump/Permeability Tests
<u>N/A</u>	Preparation of Water Table Maps
<u>N/A</u>	Preparation of Bedrock Contour Maps

Reference

N/A

N/A

Others (list below):

OGM 4.15

Preliminary Assessments

OG-M 4.31

Organization of the Field Team

OGM 5.10

General Safety Guidelines Applicable to All Field Activities

QA PROGRAM APPLICABILITY

The following portions of the NUS Superfund Division Quality Assurance Manual are applicable to the performance of specific work activities defined in TDD # 02-8604-22.

(✓)	Number	Subject
<u>x</u>	QAP 2.5	Work Plans
<u> </u>	QAP 3.1	Control of Remedial Design Activities
<u> </u>	QAP 3.2	Drawing Control
<u> </u>	QAP 3.3	Design Calculations
<u>x</u>	QAP 4.1	Field Data Collection
<u> </u>	QAP 4.2	Data Reduction, Validation, and Reporting
<u> </u>	QAP 5.1	Preparation of Procurement Documents
<u> </u>	QAP 5.2	Subcontractor Quality Assurance Requirements
<u> </u>	QAP 6.1	Preparation of Instructions and Procedures
<u>x</u>	QAP 7.1	Identification of Controlled Evidentiary Documents
<u>x</u>	QAP 7.2	Issuance and Distribution of Controlled Documents
<u> </u>	QAP 7.3	Development, Documentation, Verification, and Retention of Software Programs
<u>x</u>	QAP 7.4	Technical Reports
<u> </u>	QAP 8.1	Control of Subcontractor Procurement Activities
<u> </u>	QAP 8.2	Evaluation and Selection of Subcontractors
<u> </u>	QAP 9.1.F2	Chain of Custody
<u> </u>	QAP 9.2.F2	Sample Control
<u> </u>	QAP 10.1	Analysis Techniques
<u>x</u>	QAP 11.1	Offsite Reconnaissance
<u> </u>	QAP 11.2	Onsite Inspections
<u> </u>	QAP 12.1	Implementation of Measuring and Test Equipment Controls
<u> </u>	QAP 13.1	Packaging, Marking, Labeling, and Shipping of Samples from Hazardous-Waste Sites
<u>x</u>	QAP 14.1	Nonconformance Reporting, Evaluation, and Disposition
<u>x</u>	QAP 15.1	Implementation and Documentation of Corrective Actions
<u>x</u>	QAP 16.1	Storage and Retrieval of Quality Assurance Records and SFD Project Files
<u> </u>	QAP 17.4	Preparation for Audit
<u> </u>	QAP 17.6	Quality Notices

WPF

Work Plan No. 02-8604-22 -W1

Revision

0

ATTACHMENT A

TDD

(Attach Copy of TDD)

1. COST CENTER: F-2	REM/FIT ZONE CONTRACT TECHNICAL DIRECTIVE DOCUMENT (TDD)			2. NO.: 02-8604-22	
ACCOUNT NO.: 0400.01					
3. PRIORITY: <input type="checkbox"/> HIGH <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> LOW	4. ESTIMATE OF TECHNICAL HOURS: 55	5. EPA SITE ID: NYD044837086	6. COMPLETION DATE: 5/31/86	7. REFERENCE INFO.: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ATTACHED <input type="checkbox"/> PICK UP	
	4A. ESTIMATE OF SUBCONTRACT COST: N/A	5A. EPA SITE NAME: MIDLAND PROCESSING			
8. GENERAL TASK DESCRIPTION: <u>MIDLAND PROCESSING</u> <u>Pamona, New York, Rockland County</u> <u>Preliminary Assessment</u>					
9. SPECIFIC ELEMENTS: <u>1. Conduct File Search Of U.S. EPA, State EPA, And/Or Local</u> <u>Municipal And/Or Health Agency Files</u> <u>2. Review And Evaluate Available Information And Conduct Off-Site</u> <u>Reconnaissance If Necessary</u> <u>3. Submit Four-Page Preliminary Assessment Report (Includes</u> <u>EPA Form 2070-12)</u>				10. INTERIM DEADLINES: <u>5/07/86</u> <u>5/16/86</u> <u>5/31/86</u>	
11. DESIRED REPORT FORM: FORMAL REPORT <input checked="" type="checkbox"/> LETTER REPORT <input type="checkbox"/> FORMAL BRIEFING <input type="checkbox"/> OTHER (SPECIFY): _____					
12. COMMENTS: <u>Overtime Approved</u>					
13. AUTHORIZING RPO: Diana Messina (SIGNATURE)				14. DATE: 	
15. RECEIVED BY: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> ACCEPTED WITH EXCEPTIONS <input type="checkbox"/> REJECTED Ronald M. Naman (CONTRACTOR RPM SIGNATURE)				16. DATE: 	

WPF

Work Plan No. CR-8604-22-W1

Revision 0

ATTACHMENT B

SAFETY PLAN

(Must have Identifying Control #)

ABBREVIATED SITE SAFETY PLAN FOR OFF-SITE RECONNAISSANCE

SITE NAME: Midland ProcessingTDD NO: 02-8604-22ADDRESS: Pomona, N.Y. Rockland CountyPURPOSE OF SITE VISIT: off-site reconnaissancePROPOSED DATE OF WORK: 05/16/86

PROPOSED SITE INVESTIGATION TEAM: Individuals will be listed in the field notebook.

SITE STATUS: ☐ Active ☐ Inactive ☒ UnknownSITE DESCRIPTION: UnknownSITE HISTORY: UnknownPERIMETER ESTABLISHMENT: All work will be conducted off-site from public access areas.

Perimeter identified?

yes

MONITORING EQUIPMENT:

☐ HNU☒ TLD Badge☐ OVA☐ Radiation mini-alert☐ Victoreen Radiation DetectorPLAN PREPARATION:Prepared by: Jeff Josephson05/12/86Approvals:

Regional Health & Safety Manager:

Steve Hneiding5/15/86

Regional Project Manager:

B. Bayle5/16/86

EMERGENCY INFORMATION:

LOCAL RESOURCES:

Ambulance (Name): Ramapo Valley Ambulance Phone (914) 357-2011
 Hospital (Name): NYAC Hospital Phone (914) ~~358-6200~~ 358-6200
 Police (Local or State): Clarkstown Police Phone (914) 634-2400
 Fire Dept. (Name & Volunteer?): Springville Fire Co. Phone (914) 356-4200 Fire calls only
 Radio Channel: no
 Nearest Phone: _____

OFFICE RESOURCES:

Region II FIT Office	201-225-6160
Diana Messina-EPA RPO	201-321-6776 (office)
Ron Naman-RPM	201-873-0166 (home)
Rich Califano-ARPM	914-337-3423 (home)
Laurie Gneiding-RHSM	201-534-2907 (home)
Tom Centi-ZPMO	703-522-8802 (office)

EMERGENCY CONTACTS: (Medical and Health)

- o Dr. David K. Parkinson (NUS Consulting Physicians - University of Pittsburgh)
Dr. Hodgson

24 Hour Number 412-624-0127

Say that you are from NUS Corporation and that this is an emergency call.
Nights and weekends you must give your name and number where the physician can call you back.

- o Gary Smith (NUS Zone Health and Safety Manager)

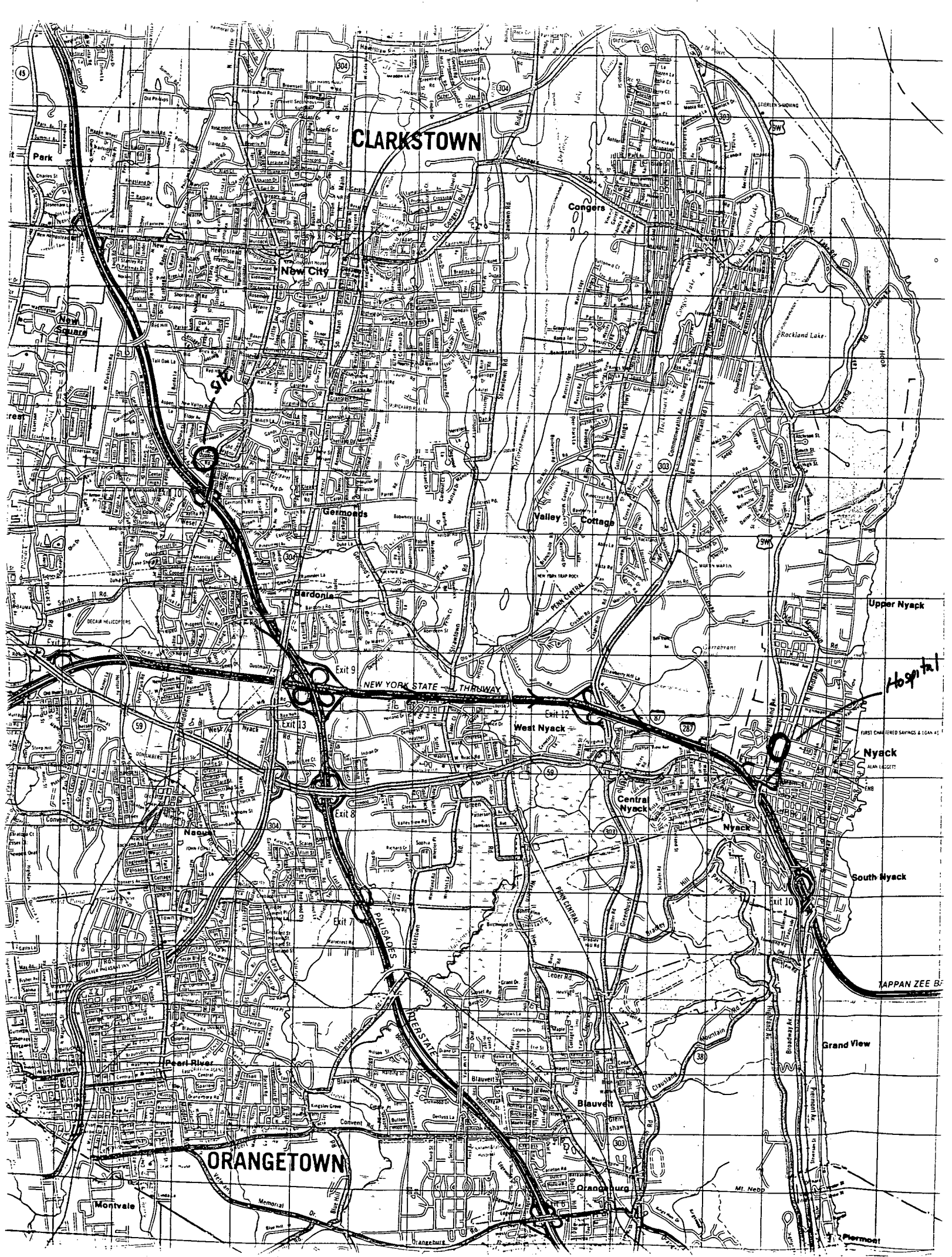
Office 412-788-1080
Home 412-695-3667

- o Regional Health Maintenance Program
Gateway Health Services

Dr. Edward Holstein 201-225-5454

- o Poison Information Center NJ 800-962-1253
NY 201-926-8005

DIRECTIONS TO HOSPITAL (Attach Map): At end of Quaker Road make
a Right hand turn south on Middle town Road. Enter Palisades Parkway
at ~~Exit~~ ^{Entrance} 10. Travel south to New York State Thruway. Travel EAST
ON New York State Thruway to exit in NYAC Take exit 11 to
North Midland. Travel north on N. Midland 5 blocks.



CLARKSTOWN

New City

Germonds

Bardonia

Valley Cottage

West Nyack

Nyack

Central Nyack

South Nyack

Grand View

Blauvelt

ORANGETOWN

Montvale